

INFECTIOUS DISORDERS

SPINAL AND INTRACRANIAL EPIDURAL ABSCESS

Presentation, epidemiology, diagnosis and treatment of spinal epidural abscess (SEA) and intracranial epidural abscess (ICEA) are reviewed by researchers at The John's Hopkins University School of Medicine, Baltimore, MD, and Universidad de Santander, Columbia. Risk factors for SEA have increased in frequency and include injected-drug use, diabetes mellitus, invasive spinal procedures, spinal trauma, immunosuppression, skin infections, and bacteremia. The most common risk factor for ICEA is frontal sinusitis; 60-90% of cases are associated with otitis or sinusitis. Other factors include post-traumatic infections, nasal or mastoid surgical procedures, and congenital defects of the anterior cranial fossa. Gram-positive cocci, including Staphylococcus and Streptococcus are the most common causes of SEAs, with Staph aureus involved in 50-66% of cases. Mycobacterium tuberculosis is common in some geographic areas. Pseudomonas species are isolated from injected drug users with SEA. ICEAs are polymicrobial in origin, most commonly anaerobic gram-positive cocci, Staph and Strep spp (Strep anginosus) and gram-negative bacilli. CT and MRI are the preferred diagnostic tests. Medical and surgical treatments are reviewed in detail. Morbidity and mortality from SEA are high, especially in developing countries. Early diagnosis, specific microbiologic identification and prompt antimicrobial therapy can improve prognosis. In addition to broad-spectrum antibiotics, surgery is usually required in treatment of ICEAs. (Pradilla G, Hsu W, Rigamonti D, Pradilla Ardilla G. Epidural abscesses of the CNS. *Lancet Neurol* March 2009;8:292-300). (Respond: Daniele Rigamonti MD, The Johns Hopkins Hospital, Phipps Building, Room 104, 600 North Wolfe Street, Baltimore, MD 21287. E-mail: dr@jhmi.edu).

COMMENT. Prevalence of SEA although rare has increased, as a result of injected-drug users, while that of ICEA has decreased, following the introduction of more effective antimicrobial treatments. Prognosis is often poor due to delayed diagnosis. An awareness of the common risk factors leads to early recognition and prompt antimicrobial therapy. Most common causative factors are injected-drug use, immunosuppression and spinal surgical procedures in patients with SEA, and frontal sinusitis in ICEA.

SEIZURE DISORDERS

VISUAL FIELDS IN MOTHERS AND CHILDREN EXPOSED IN UTERO TO VIGABATRIN

Three mothers with 4 children exposed to vigabatrin in utero (but not breast fed) underwent perimetry and imaging of the retinal nerve fiber layer (RNFL) at the University Hospital of Wales and School of Optometry, Cardiff, UK. Two mothers showed vigabatrin-attributed visual loss and an abnormally attenuated RNFL. The third had an upper left quadrantanopia, consistent with previous temporal lobe surgery, and a normal RNFL. All four children, ages 6, 10, 15 and 18 years, had normal visual fields and RNFL thickness. Estimates of the in utero exposure to vigabatrin varied from 600 to 1410 mg/kg/day with a